

57461

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

1 Manifest Number 015-003782

GENERATOR (Generator Must Complete)

2 Name ALUMINUM CO. OF AMERICA VERNON WORKS

EPA NO. CAD074126681

Address 5151 ALCOA AVE. Phone No. 588-6141

City, State, Zip VERNON, CA. 90058

3 Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name OPERATING INDUSTRIES INC.

EPA NO. CAD080012024

Address 900 N. POTRERO GRANDE DR.

City, State, Zip MONTEREY PARK, CA.

4 Alternate TSD Facility

CHEMICAL WASTE
MANAGEMENT INC.

Name
EPA NO. CAT000646117

Address P.O. BOX 1104 430 W. ELM AVE.

City, State, Zip COALINGA, CA. 93210

SFUND RECORDS CTR
999000989

5 U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER: 1
TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☒ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

6 WASTE CATEGORY #7 7 EX. HAZ. WASTE PERMIT NO. 8 GENERATING PROCESS ALUMINUM FABRICATION

LIST COMPONENTS:

CONC.
UPPER

RANGE
LOWER

UNITS

CONC.
UPPER

RANGE
LOWER

UNITS

9 A.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	E.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
B.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	F.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
C.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	G.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
D.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material 100 %			

10 WASTE PROPERTIES: pH 7 ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

11 PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other ALUMINUM OXIDES & WATER

12 SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

13 Signature of Authorized Agent and Title

Date Shipped 9-1-82

TRANSPORTER (HAULER MUST COMPLETE)

14 NAME ASBURY OIL CO.

EPA NO. CAD028277036

ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392

CITY, STATE, ZIP Gardena, California 90249

15 PICK-UP DATE 9-1-82
TIME ☐ AM ☐ PM

16 Signature of Authorized Agent and Title

Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

17 NAME 18 QUANTITY (If Measured)

EPA NO. 19 STATE FEE (If Any)

PHONE NO.

20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

22 NAME
EPA NO.

21 HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☐ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Reuse ☐ Storage/Transfer

23 Signature of Authorized Agent and Title

Date Accepted 9-1-82

ORIGINAL